

**New Jersey Department of Health and Senior Services  
Vaccine Preventable Diseases Program  
PO Box 369  
Trenton, NJ 08625-0369**

**VACCINES FOR CHILDREN PROGRAM  
ADDITIONAL ENROLLMENT FOR OTHER PROVIDERS WITHIN THE PRACTICE**

Name of Facility/Practice

**NOTE: Provider must have prescription writing privileges.**

<b>Name of Physician (Last, First, MI)</b>	<b>Medical License Number (REQUIRED)</b>	<b>Title (MD, DO)</b>	<b>Speciality (Peds, FP, GP, Other)</b>
1.			
2.			
3.			
4.			
5.			
6.			
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8.			
9.			
10.			

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